

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

October 31, 2006

Angelee Hobson, Administrator Aspen Grove Assisted Living - Lava Hot Springs PO Box 719 Lava Hot Springs, ID 83246

License #: RC-506

Dear Ms. Morrison:

On September 20, 2006, a life safety code survey was conducted at Aspen Grove Assisted Living - Lava Hot Springs. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL

Team Leader

Health Facility Surveyor

Facility Fire, Life Safety, and Construction Program

EM/slc

c:

Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-6626 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

October 5, 2006

Devanee Morrison, Administrator Aspen Grove Assisted Living - Lava Hot Springs PO Box 719 Lava Hot Springs, ID 83246

FILE COPY

Dear Ms. Morrison:

On September 20, 2006, a life safety code survey was conducted at Aspen Grove Assisted Living - Lava Hot Springs. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 20, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/slc

Enclosure

(X3) DATE SURVEY

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING 01 - ENTIRE BUILDING B. WING 13R506 09/20/2006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **580 W ELM ST ASPEN GROVE ASSISTED LIVING - LAVA HOT** LAVA HOT SPRINGS, ID 83246 PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 000 R 000 **Initial Comments** The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 20, 2006. The surveyor conducting the survey was: Eric Mundell REHS Health Facility Surveyor Facility Fire Safety & Construction Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

KSK021

TITLE

If continuation sheet 1 of 1

(X6) DATE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	11 10	Physical Address	Phone Number	
	e-Lava Hot Sprs	580 Wed Elm	776 5899	
Administrator		City	ZIP Code	
Claretter Shaffer		Lava Hot Springs	83746	
Curron Toom Looder		Survey Type	Survey Date	
E. mundell		Fire / Lile Solaty	9/20/06	
NON-CORE ISSUES				
TEM RULE:		DESCRIPTION	DATE RESOLVED	
1 14.03.72	.750. 03 Fuel- Fired 1	Heating Inspection: A copy of the	eno. + 9/2/06	
•	1 1 1	V	, , ,	
	maintainedes	file. The report in hand ind	icated	
	The purnuce	was last inspected in 20	04.	
2 10.03.22.	750. US. Fire Alaim	Syptem Service: A copy of the	report 9/27/06	
	decumenting 12	decumenting the annual fire alarm inspection was		
	but maintain.	il in lite The tags on the File	i Control	
	Panel was dat	Parel was dated 11/2004 as the last Since		
	' conducted in	the system.		
		,		
	· ·			
Response Required Date Signature of Facility Representative				
October 20,2006 X angelee Hobson				